

County: Brown
 SAN LUIS MEDICAL & REHABILITATION CENTER
 2305 SAN LUIS PLACE

Facility ID: 8040

Page 1

GREEN BAY 54304 Phone: (920) 494-5231
 Operated from 1/1 To 12/31 Days of Operation: 365
 Operate in Conjunction with Hospital? No
 Number of Beds Set Up and Staffed (12/31/01): 130
 Total Licensed Bed Capacity (12/31/01): 158
 Number of Residents on 12/31/01: 114

Ownership:
 Highest Level License:
 Operate in Conjunction with CBRF? No
 Title 18 (Medicare) Certified? Yes
 Title 19 (Medicaid) Certified? Yes
 Average Daily Census: 118

Partnership
 Skilled
 No
 Yes
 Yes
 118

Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/01)				Length of Stay (12/31/01)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		46.5
Supp. Home Care-Personal Care	No					1 - 4 Years		38.6
Supp. Home Care-Household Services	No	Developmental Disabilities	3.5	Under 65	7.0	More Than 4 Years		14.9
Day Services	No	Mental Illness (Org./Psy)	39.5	65 - 74	10.5			-----
Respite Care	No	Mental Illness (Other)	8.8	75 - 84	37.7			100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	37.7	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.9	95 & Over	7.0	Full-Time Equivalent		
Congregate Meals	No	Cancer	3.5		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	4.4		100.0	(12/31/01)		
Other Meals	No	Cardiovascular	9.6	65 & Over	93.0	-----		
Transportation	No	Cerebrovascular	7.0		-----	RNs		10.0
Referral Service	No	Diabetes	13.2	Sex	%	LPNs		6.3
Other Services	Yes	Respiratory	2.6		-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	7.0	Male	32.5	Aides, & Orderlies		
Mentally Ill	No		-----	Female	67.5			
Provide Day Programming for			100.0		-----			
Developmentally Disabled	Yes				100.0			

Method of Reimbursement

	Medi care (Title 18)			Medi caid (Title 19)			Other		Private Pay			Family Care		Managed Care						
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Total Resi - dents	% Of All
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	7	100.0	296	75	94.9	108	0	0.0	0	27	100.0	139	0	0.0	0	1	100.0	283	110	96.5
Intermediate	---	---	---	2	2.5	90	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	2	1.8
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	2	2.5	159	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	2	1.8
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	7	100.0		79	100.0		0	0.0		27	100.0		0	0.0		1	100.0		114	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/01				
				% Needing Assistance of One Or Two Staff	% Totally Dependent	Total Number of Residents
Percent Admissions from		Activities of	%			
Private Home/No Home Health	7.4	Daily Living (ADL)	Independent			
Private Home/With Home Health	0.0	Bathing	2.6	78.1	19.3	114
Other Nursing Homes	0.0	Dressing	7.9	74.6	17.5	114
Acute Care Hospitals	89.0	Transferring	25.4	58.8	15.8	114
Psych. Hosp. -MR/DD Facilities	1.8	Toilet Use	16.7	64.9	18.4	114
Rehabilitation Hospitals	0.0	Eating	65.8	21.9	12.3	114
Other Locations	1.8	*****				
Total Number of Admissions	163	Continence	%	Special Treatments		%
Percent Discharges To:		Indwelling Or External Catheter	10.5	Receiving Respiratory Care		18.4
Private Home/No Home Health	41.7	Occ/Freq. Incontinent of Bladder	56.1	Receiving Tracheostomy Care		0.9
Private Home/With Home Health	0.0	Occ/Freq. Incontinent of Bowel	42.1	Receiving Suctioning		1.8
Other Nursing Homes	3.1			Receiving Ostomy Care		1.8
Acute Care Hospitals	26.4	Mobility		Receiving Tube Feeding		5.3
Psych. Hosp. -MR/DD Facilities	0.0	Physically Restrained	5.3	Receiving Mechanically Altered Diets		34.2
Rehabilitation Hospitals	0.0					
Other Locations	1.8	Skin Care		Other Resident Characteristics		
Deaths	27.0	With Pressure Sores	9.6	Have Advance Directives		71.9
Total Number of Discharges		With Rashes	0.9	Medications		
(Including Deaths)	163			Receiving Psychoactive Drugs		49.1

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

	This Facility %	Ownership: Proprietary Peer Group %	Ratio	Bed Size: 100-199 Peer Group %	Ratio	Licensure: Skilled Peer Group %	Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	74.7	82.7	0.90	83.8	0.89	84.3	0.89	84.6	0.88
Current Residents from In-County	95.6	82.1	1.16	84.9	1.13	82.7	1.16	77.0	1.24
Admissions from In-County, Still Residing	30.1	18.6	1.61	21.5	1.40	21.6	1.39	20.8	1.44
Admissions/Average Daily Census	138.1	178.7	0.77	155.8	0.89	137.9	1.00	128.9	1.07
Discharges/Average Daily Census	138.1	179.9	0.77	156.2	0.88	139.0	0.99	130.0	1.06
Discharges To Private Residence/Average Daily Census	57.6	76.7	0.75	61.3	0.94	55.2	1.04	52.8	1.09
Residents Receiving Skilled Care	96.5	93.6	1.03	93.3	1.03	91.8	1.05	85.3	1.13
Residents Aged 65 and Older	93.0	93.4	1.00	92.7	1.00	92.5	1.01	87.5	1.06
Title 19 (Medicaid) Funded Residents	69.3	63.4	1.09	64.8	1.07	64.3	1.08	68.7	1.01
Private Pay Funded Residents	23.7	23.0	1.03	23.3	1.01	25.6	0.93	22.0	1.08
Developmentally Disabled Residents	3.5	0.7	5.00	0.9	3.99	1.2	2.98	7.6	0.46
Mentally Ill Residents	48.2	30.1	1.60	37.7	1.28	37.4	1.29	33.8	1.43
General Medical Service Residents	7.0	23.3	0.30	21.3	0.33	21.2	0.33	19.4	0.36
Impaired ADL (Mean)	46.8	48.6	0.96	49.6	0.94	49.6	0.94	49.3	0.95
Psychological Problems	49.1	50.3	0.98	53.5	0.92	54.1	0.91	51.9	0.95
Nursing Care Required (Mean)	9.1	6.2	1.47	6.5	1.40	6.5	1.39	7.3	1.24